

General		In-Network	Out-of-Network
Deductible	\$3,400 per person / \$6,800 family		Out-of-Network services are not available, except services for medical emergencies and covered services not available in-network.
Coinsurance (percentage paid by member)	20%		
Coinsurance maximum	same as the annual out-of-pocket max		
Annual out-of-pocket maximum	\$8,300 per person / \$16,600 family		
HSA compliant	Yes		
Doctor's office visits			
Home and office visits – Primary	Deductible then 20% coinsurance		
Home and office visits – Specialists	Deductible then 20% coinsurance		
Telemedicine: Virtual visits by AmWell and non-AmWell in-network providers are covered at 100%.			
Preventive care	\$0 – Preventive is without cost share		
Prescription drug coverage			
Prescription drugs	Subject to deductible Teir 1 and Tier 2; All other Tiers subject to deductible then 50% coinsurance		
Mail order drugs	Subject to deductible Tier 1 and Tier 2 / Subject to deductible then 50% coinsurance Tier 3 and Tier 4 / Specialty drugs are not covered		
Drug coverage limitation: Generic drugs are mandatory if available unless physician prescribes a brand drug.			
Specialty drug coverage: In-network benefits are applied when specialty drugs are obtained from our designated specialty pharmacy.			
Medical services			
Emergency medical transportation	Deductible then 20% coinsurance		Deductible then 20% coinsurance
Inpatient surgery physician/surgical	Deductible then 20% coinsurance		
Inpatient facility fee <i>Requires pre-admission certification</i>	Deductible then 20% coinsurance		
Outpatient surgery physician/surgical	Deductible then 20% coinsurance		
Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)	Deductible then 20% coinsurance		
Emergency Room	Deductible then 20% coinsurance		Deductible then 20% coinsurance
Injections	Deductible then 20% coinsurance		
Dental and Vision			
Pediatric dental (for ages 0-19)	Cleanings and periodic evaluations covered at 100% – other services: Deductible then 20% coinsurance		
Pediatric vision (for ages 0-19)	Deductible then 20% coinsurance		
Recovery/Special Needs			
Outpatient rehabilitation	Deductible then 20% coinsurance		
Outpatient habilitation	Deductible then 20% coinsurance		
Hospice	Deductible then 20% coinsurance		
Home social work visits	Deductible then 20% coinsurance		
Mental Illness/Substance Use Disorders			
Mental illness/substance use disorders – inpatient services Requires pre-admission certification from Lucet™ behavioral health at 800-952-5906	Deductible then 20% coinsurance		
Mental illness/substance use disorders – outpatient services	Deductible then 20% coinsurance		
Change for 2026			

Benefits of Blue

You're covered in Kansas

BlueCare EPO plans will access the Solutions provider network that has you covered throughout our 103-county coverage area (excluding Johnson and Wyandotte) within the state of Kansas.

The provider network allows you access to your choice of medical and preventive care providers and pharmacy locations.

Our dominant network size provides members access to discounted fees with hospitals and providers in our network — and that means savings for you.

bcbsks.com/find-a-doctor

Please remember, you have no coverage for services provided outside of the provider network with the exception of medical emergencies. If you receive services from an out-of-network doctor or other healthcare provider, you will be held responsible to pay all of the costs for the services.

Emergency coverage

If emergency care is needed — even outside of the Solutions provider network — you can go to the nearest hospital and still receive the maximum benefits of your plan.

BlueAccess®

Our secure member portal puts you in control. It's your one-stop shop for understanding, managing and maximizing your health insurance benefits. Review your benefits, track claims and get access to Strive, Blue365, mental health resources and SmartShopper®.

bcbsks.com/blueaccess

Save with SmartShopper®

Use SmartShopper to compare in-network prices for nearly 200+ procedures at high quality locations. Call the Care Concierge Team at **866-820-6426** or shop online to earn cash rewards and save money.

Learn more at bcbsks.com/mysmartshopper

Referrals

See the specialist you prefer within the Solutions provider network without having to see a primary care physician (PCP) first.

Referrals to a provider outside of the network cannot be made by your doctor or hospital. **Referrals to non-network providers must be approved by Blue Cross and Blue Shield of Kansas** and are only considered when the services are not available from an in-network provider. Out-of-network providers are those that do not contract inside the state and all providers outside of our 103-county coverage area within the state of Kansas.

Exclusions

Following is a list of common non-covered services. For a complete list of limitations and exclusions, refer to your contract or certificate.

Services involving cosmetic or reconstructive surgery (except as stated in the contract or certificate); charges for personal items; convalescent or custodial care or rest care; all keratotomy procedures; blood or payments to donors of blood; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; Health services associated with accidental bodily injuries arising from a motor vehicle accident to the extent such services are payable under a medical expense payment provision of any automobile insurance policy; services, supplies or treatments not specifically listed as covered in the member's contract or certificate.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The certificate or contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.

Lifetime maximum — unlimited for each covered person.

All eligible dependents are covered to age 26.

Visit us at bcbsks.com

